

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

04/10/2020

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Choose State...

8. APPLICANT INFORMATION:

* a. Legal Name:

California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0288069

* c. Organizational DUNS:

1959302760000

d. Address:

* Street1:

1001 I Street

Street2:

P.O. Box 1436

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95812-1436

e. Organizational Unit:

Department Name:

California Air Resources Board

Division Name:

Administrative Services Div.

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Jaynesh

Middle Name:

* Last Name:

Singh

Suffix:

Title:

Accounting Administrator II

Organizational Affiliation:

California Air Resources Board

* Telephone Number:

(916) 322-2274

Fax Number:

(916) 322-9612

* Email:

Jaynesh.Singh@arb.ca.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.956

CFDA Title:

Targeted Air Sheds Grant Program

* 12. Funding Opportunity Number:

EPA-OAR-OAQPS-20-01

* Title:

2019 & 2020 Targeted Airshed Grant Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Purchase of four 35-Foot Low-Floor Battery Electric Zero Emission Transit Buses including All Necessary Infrastructure Charging Equipment (overnight and on-route).

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

ALL

* b. Program/Project

CA-ALL

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

08/01/2020

* b. End Date:

08/31/2024

18. Estimated Funding (\$):

* a. Federal

5,367,555.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

5,367,555.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

* First Name:

Edna

Middle Name:

* Last Name:

Murphy

Suffix:

* Title:

Administrative Services Division Chief

* Telephone Number:

(916) 327-3450

Fax Number:

(916) 322-9612

* Email:

Edna.Murphy@arb.ca.gov

* Signature of Authorized Representative:

Meena Ganesan

* Date Signed:

04/10/2020